1	STATE OF N	ARYLAND-	CERTIFICATE OF DEATH 0068	9
	County montgomery		Registration Dist. No. 216	
	Village or City Chevy The	est-	No. 102. East Underwood St.	_Ward
111	Length of residence In city or town where death occu		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? #5 yrs	
2	FULL NAME Margare	1 Cenquesta 1	Cercival Cebbe	
	(a) Residence: No.	sual place of abode)	St., Ward.  If nonresident give city or town and State	
demonstra	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
3. 5	SEX 4. COLOR OR RACE   5. SING OR I	ELE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH  January 7th  (Month) (Day) (Ye	() ()
5a.	If married, widowed, or divorced HUSBAND of Cleveland G	abr	22. A HEREBY CERTIFY. That I attended decease	d from
6. 1	DATE OF BIRTH (month, day, and year)	uber 7th 1865	I last saw h 22 alive on Jan 7 Th , 1936; death	is said
7. /		Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 3. P. m.	
-	8 Trade profession or perticular	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
ION	SAWIER, DOORNELIER, EC	emaster	Recture 19	32
OCCUPATION	9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.			
220		1. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town) - Besselers (State or country) A Litts	a-Bret. West Inde	Other Cantributary Causes of importance:  12 classes to Chest 19-	35
1ER	13. NAME William Halman Geor	ge Percival		
FATHER	14. BIRTHPLACE (city or town) St. Ak all (State or country) Sulch	les Judes -	Name of operation. Colos tomy Dete of 123	2
ER	15. MAIDEN NAME Elley Mardin	brough Ubilley	What test confirmed diegnosis? Was there an eutopsy?  23. If death was due to external ceuses (VIOLENCE) fill in elso the following:	
MOTHER	16. BIRTHPLACE (city or town) Basselans	0,0	Accident, suicide, or homicide?	
	(State or country) It Kills., INFORMANT Ethif Blander	Percival.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18	(Address) 102 E Curdent BURIAL, CREMATION, OR REMOVAL	rood ST		
	Place Date Date	1-/7- 19.36	Manner of injury	
19.	UNDERTAKER THE STATE S	Sons J.C.	24. Was disease or injury In eny way related to occupation of deceesed?	0
20.	FILED Jan 7- 1936 Phomas	Comac Registrat.	(Signed) Familial (Address) Turnan (1864)	
	If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 15 74/ Heustry	and A

V. S. No. 1

B. ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis FEB 4 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
H	Our hother flors ister died of Carcinoma of Colores

## STATE OF MARYLAND-CERTIFICATE OF DEATH

()	6	13	0	11
100	U	17	21	U

m of			
County / Collamely	Registration Dist. No. 2 / 7		
Village or City Oleley Thankel	whe monty Co. Leveral of Kash vot		
	(If death occurred in a hospital or institution, give its NAME instead of street and number)		
2			
2. FULL NAME Norman Udams	If U. S. Veteran, specify WAR		
(a) Residence: No. Cockwelle (Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Surgle	21. DATE OF DEATH  (Month) (Day) (Year)		
a. If marriad, widowed, or divorced HUSBAND of			
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1 accuracy 13, 19 3 6, to January 14, 19 3		
5. DATE OF BIRTH (month, day, and yaar) June 23, 1935	I last saw h in alive on January 14, 1936; death is se		
A. AGE Yeers Months Days If LESS than	to have occurred on the data stated abova, et 2: 20.A.m.		
6 22 1day,hi	s. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BDDKKEFPER, etc			
9. Industry or business in which	Droueles premuonea 2/30		
work was done, as SILK MILL, SAW MILL, BANK, atc.	<i></i>		
1D. Data deceased last worked at this occupation (month and year) 11. Total tima (years) spant in this occupation			
12. BIRTHPLACE (city or town) Rocker 11.	Other Contributory Causes of Importanca:		
(Stata or country) Maryland	- malmitration unknow		
13. NAME William Olams			
13. NAME William Oklama  14. BIRTHPLACE (city or town)	Name of operation. The Data of		
(State of country)	What test confirmed diagnosis? Yauu tion Was thara an autopsy? Y		
15. MAIDEN NAME Bertha Column	23. If death was due to externel causes (VIDLENCE) fill in elso the following:		
15. MAIDEN NAME Berelia Cabinaon  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19		
(State or country) Maryland	Whera did injury occur? (Specify city or town, county and State)		
17. INFORMANT Haspital Orceords	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
(Address) 18. BURIAL, CREMATION, OR REMUVAL	Manageration		
Place Nortech med Date Jan 14 193	Menner of Injury		
19. UNDERTAKER Geo R. I nouden	24. Was disease or injury in any way ralated to occupation of daceased? ?~ ?~ .		
(Addrass) Rockvelle . m.l.	If so, specify (Signed) M.		
20 FUED from 14 10 86 C. S. Baluster			

B.—WRITE PLAINLY,

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Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 25	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Jo

#### STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH moulgomeres Registration Dist. No. sunty Leverel Village or City (If death occurred in a haspital or institution, give its NAME instead of street and number) mos. 12 ds. How long in U.S. if of foreign birth? vrs. mos. ds. Langth of residence in city or town where deeth occurred vrs 2. FULL NAME MI. Herber If U. S. Veteran, specify WAR (a) Residence: No. Sandy S Ward. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) male (Day) 5a. If marriad, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 9 19.35 to January 6 19.36 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Deys to have occurred on the date stated above, at 12:30 A.m. 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end releted ceusas of importence or ..... min. Date of onset 8. Trade, profession, or particuler DCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc..... 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc .... 10. Date dacaesed last worked at 11. Total tima (years) this occupetion (month and spant in this occupation \_. Other Contributory Causes of importance: 12. BfRTHPLACE (city or town) (State or country) marylan melleary 13. NAME Name of operation\_\_\_\_\_\_\_ 14. BIRTHPLACE (city or town). (Stata or country) manulare What test confirmed diagnosis? Wascassee Use. Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town). Unkarown (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT ... (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury \_\_\_\_ Nature of injury\_\_\_\_\_ 24. Was disease or injury in any way related to occupation of deceased? ... The If so, specify \_\_\_\_\_ Registrar. If more blanks are needed, addiess State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

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Example 1	1	Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEBIA	2		
Other contributory causes of importance:		Other contributory causes of importance:	2-1-1
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

MARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis : F & T V F D	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURPAU V. S.			
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH DCC should County\_\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth? \_\_\_\_\_\_vrs. \_\_\_\_\_mos. \_\_\_\_ds. Langth of residence in city or town where death occurred. statement answif U. S. Veteran, specify WAR\_ (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Jugar PERMANENT BINDING classified. If married, widowad, or divorcad O HUSBAND of 22. HEREBY CERTIFY, That I attanded deceased from (or) WIFE of on × certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Davs If LESS than I day, ....hrs. 11 The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: 8. Trade, profassion, or particular THIS OCCUPATION kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. MARGIN RESERVED Jo back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Data dacaasad last worked at 11. Total time (vaars) no this occupation (month and spant in this that yaar) \_\_\_\_\_ occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stata or country) HER 13. NAME FAT Name of operation... 14. BIRTHPLACE/(city or town) (Stata or country) What tast confirmed diagnosis? ... ... Was there an autopsy? be carefully d OTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) filt in also the following: Accidant, suicida, or homicide?\_\_\_ DEATH 16. BIRTHPLACE (city or town) -(Stata or country) Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. 17. INFORMANT should (Address) OF 18. BURIAL, CREMATIDIO, DR REMOVAL Manner of injury mation S NOM Nature of injury 24. Was disaasa or injury in any way related to occupation of dacaasad? 19. UNDERTAKER (Address) If so, spacify Ä, ż 20. FILED (Address) Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

19 : death is said

Date of onset

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1694
:	L PLACE OF DEATH		,
	County Moulgamy	Registration Dist. No. 21	8
	Village or City Gaithersburg	No. Chartmet St. St.	Ward
	Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. if of foreign birth?yrs	
1	2. FULL NAME Mary Elizabeth C.	Beall	
	(a) Residence; No. Chedruit St-	St. Ward. ( Kot Oselude)	
	(Usual place of abode)	If nonresident give city or town and S	State
-	PERSONAL AND STATISTICAL PARTICULARS  SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
3.	OR DIVORCED (write the word)	21. DATE OF DEATH	193.6
5a.	If married, widowed, or divorced	(Month) (Day)	(Year)
	HUSBAND of Clearly E. Beall	22. I HEREBY CERTIFY, That I attended d	125
	DATE OF BIPTH (month day and year) \ 200 0 19 1853	last saw h La alive on La ( 1936	, 19.56
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 4 2 2m.	, ueatii is saiu
	82 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
z	8. Trade, profession, or particular	Carcinoma of Read	Date of onset
110	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carsenana & Lung I June	1935
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
S	10. Date deceased last worked at 11. Total time (years)		
	this occupation (month and year) spent in this occupation occupation	Other Contributory Causes of Importance:	
12	. BIRTHPLACE (city or town) Thursday Co.	myocardatis	1930
0.	(State or country) makyland.		
FATHER	13. NAME Poles Herry Clevell	Egylly V Pan Talent	02/1.10
FA	14. BIRTHPLACE (city or town) Model & Manyland (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an at	7.34.1-/\$2
ER	15. MAIDEN NAME Mary Elisabeth Blall	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Turilg. Ces ma	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)	Where did injury occur? (Specify city or town, county and State	
17	(Address) Guettershing WA	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	
18	BURIAL, CREMATION, OR REMOVAL Wolfer md,	Manner of injury	
_	Place St Roat Chunda Date Jan 9 , 19 36	Nature of injury	
19	UNDERTAKER Thanses of complete	24. Was disease or injury in any way related to occupation of deceased?	20
-	(Address) (lact-ville many lay	If so, specify	) 44 5
20	FILED Jaw. 3, 1936 alreda Ja ooke	(Signed) (Address) August (Address)	und M. D.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis - 3	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
and the second s			3 - 4	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	'OR	<b>FURTHER</b>	<b>STATEMENTS</b>	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis   LB 7 1030	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00696
1. PLACE OF DEATH	<u> </u>
County monlyamery	Registration Dist. No. 214
Village or City Siella Spring Coutside	) Narown's Corners. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2 .4	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / Zueraff	1f U. S. Veteran, specify WAR
(a) Residence: No. 12 (Vaul place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	/ 3 , 193 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Tear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1-1-1-	, 193 5 , to 3 , 1936
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 193. ideath is said
3 mg. 1.7.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
, , , , , , , , , , , , , , , , , , , ,	were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Constante.
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Oronge Corners	
(State or country) Md.	
14. BIRTHPLACE (city or town) Burkelings	
4 14. BIRTHPLACE (city or town) / Mullimited (State or country)	Nama of operation
	What test confirmed diagnosis? Was thara an autopsy? 140
16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city of town)  (State or country)	Accident, suicida, or homicida? Accident foate of injury
001 1 3	(Specify city or town, county and State)
17. INFORMANT WWW & dieraft (Addrass) Selver Service	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury morthy slegged > fell
Place home property Date Jan 3 , 19.36	Nature of Injury
19. UNDERTAKER (Father) albert Becraft	24. Was diseasa or injury in any way related to occupation of deceased? 20
(Addrass) live shing	If so, specify
20. FILED Jan. 3, 1936 Margaret C. Tremean.	(Signed) Warry M. D.  (Addrass) Addrass (Wy)

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9.—The industry or business in which the work was done.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
In ug 1,1320	and the second second	1 yeur	
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County Mont Co mil -	Registration Dist. No. 217
Village or City M aluly	No. St., Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)  nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thas marlow Ber	ison
(a) Residence: No. Brookeville RAD	Mast. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OR RACE 5 SINGLE MARRIED WINDOWSTE	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rasafel Bluson	22.   I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) July 28-1896	lest saw h. but elive on / - 4 - 193/ contribution
7. AGE Yeers Months Deys If LESS than	to have occurred on the date steted above. etc
40 6 1 day,hr	
8. Trade profession or perticular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at April 11. Total time (years)	9.04. 7.00 7.00000
SAW MILL, BANK, etc. 11. Total time (years)	- Aypentension 4-13.
this occupetion (month and 1/935 spent in this 20 year)	
12. BIRTHPLACE (city or town) Saylonsville - mont Co.	Other Contributory Causes of Importance:
(State or country) mad	- Wrema - 1-5-36
13. NAME Chas & Sensor	
13. NAME Chas & Sensor  14. BIRTHPLACE (city or town) Month Completed	Name of operation None Date of
(State of country)	Whet test confirmed diagnosis? Communature Westhere en autopsy?
15. MAIDEN NAME Naucy marlow  16. BIRTHPLACE (city or town). Month Co.	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where dld injury occur?
17. INFORMANT Mrs Rosalee Benson (Address) Brookwille R.S. D.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	/ Menner of Injury
Place hur Cornel - how Date /- 10 - 1936	Nature of injury
19. UNDERTAKER Por Barbet ind	24. Wes disease or injury in any way related to occupation of deceased? NO
20. FILED Jan S. 19 36 C. S. Barnsley Registy.	(Signed) Charles Millson M. D.  (Address) Sandy Spring Ind
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4.

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1921	Run over by street ear	1 week ago
July 5,1927	Peritonilis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street ear  July 5, 1927 Peritonitis  Other contributory causes of importance:

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BINDIN

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

1. PLACE OF D		OF MARYLAND-	CERTIFICATE OF DEATH	1699
	12	meril.		,
Village or City		larlestura	Registration Dist. No. 2.	
Vinage of City	90.	9	No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
Length of residence	in city or town whare		sds. How long in U.S.If of foreign birth?yrsmos.	ds.
2. FULL NAME	(not on	anned (In	un	
(a) Residence: No	on El	erlesburg md	St., Ward.	
		(Usual place of abode)	If nonresident give city or town and St	ate
	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX M, 4. CO	DLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Parite the word)	21. DATE OF DEATH Jan. 8	93 6
5a. If married, widowed, or HUSBAND of	divorced		(Month) (Day)	(Year)
(or) WIFE of			22. IHEREBY CERTIFY, That I attended de	
	1	an. 8, 1936	- Sulverite to	
6. DATE OF BIRTH (month, 7. AGE Years)		1 7 2	I.Jast saw h, 19; o	leath is sald
7. AGE	Months	Days If LESS than I day,	to have occurred on the date stated above, atm.	
Suuva		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, o kind of work do SAWYER, BOOK 9. Industry or busines	na, as SPINNER, KEEPER, etc		asphysialet	
9. Industry or busines work was done, SAW MILL, BAN	s in which			20-0
SAW MILL, BAN 10. Date deceased last this occupation ( year)	worked et	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or too (State or country)	nr, 6	laskiburg	Other Contributory Causes of importanca:	
13, NAME UM	lenoun T	to me -		
14. BIRTHPLACE (city o	_			
14. BIRTHPLACE (city o		*************	Name of operation Date of	
	mary L	mise Brance	What test confirmed diagnosis? Was there an auto	psy? ho
16. BIRTHPLACE (city o	The of	Slarksburg	23. If death was due to external causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	19
Stata or countr	y) /	md, T	Whare did injury occur?	,
17. INFORMANT	early for	use Brown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION OF	R REMOVAL	0'0	Manner of injury	
Place Locky	Hill Cem	Date Jan 9 , 1936	M-4-2	
19. UNDERTAKER	131	Beall, Inc	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	amas	reces med,	If so, specify	
20. FILED Jace	., 19 36 01	han E Lead	(Signed) State It. South	
11		Megistrar.	(Address) Transport of M	-

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	Example 1	1	Example 11	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	F. LAB 7 1936	July 5,1927	Peritonitis	3 days ago
	MAREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	h	6 5	275	13	63
U	3	17	1	1.1	()
1		1	W	1.7	11

I LAGE OF BEATH	(73-6)
County Moulgonney	Registration Dist. No. 2/4
Village or City & Laylull	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary C Burns	
(a) Residence: No. Long till	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word Marrier)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
There was the same	June 6-, 1934, to saw 10, 1936
6. DATE OF BIRTH (month, day, and year) www 2 - 86	3 Wast saw h est alive on fact 9, 19.36; death is said
7. AGE Years Months Days If LESS that	has a state of the
72 70 8 1 day,	were as follows.
8. Trade, profession, or particular kind of work dope, as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myocarditis chronic 1929
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Bate deceased last worked at this occased fast worked at this occased for month and	//
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this year) occupation	
m - P - P	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) flag (State or country)	7
13. NAME TIME	- muselesons
E CONTRACTOR OF	- Olully
(State or country)	Name of operation Date of Zeone
	What test confirmed diagnosis? Was there an autopsy?
± 0 1	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CHILDRENS Surviss (Address) Lay July - Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & aytull Mel Date and 12,19.	Nature of injury
19. UNDERTAKER IV M. Pruku Pynkhur	24. Was disease or injury in any way related to occupation of deceased? 210
(Address) Rochwelle mid	If so, specify Levus
20. FILED Jan. 11, 1936 Margaret Tremea	me (Signed) Henry S. Brown, M.D.
Cocal Registrar	(Address) Al luxunglin, red

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Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	(Fastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

	4 te 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00701
	infor- state UPA-	1. PLACE OF PEATH	(94.8)
15	73	county Worlgonery	Registration Dist. No. 217
(1)	should of OCC	Village or City norswood	No. St., Ward
	= 0/	Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	CORD. Every PHYSICIANS ict statement	2. FULL NAME William augustus	au bell
	SICI ater	(a) Residence: No. Normand I md.	St. Ward.
	JRI HYS st	(Usual place of abode)	If nonresident give city or town and State
	RECC. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9	žŽ.	3. SEX  4. COLOR OR RACE  A, A  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Name of the word)	21. DATE OF DEATH January 9, 19336. (Month) (Day) (Yeer)
BINDING	MANEN A C T J assified	5a. If merried, widowed, or divorced HUSBAND of Constant Amelia Campbell	22. I HEREBY CERTIFY. That I attended deceased from
K	CXE.	6. DATE OF BIRTH (month, day, end year) april 2, 1878	I lest saw h alive on January 5, 1936; death is said
H		7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 8.05Am.
FOF	IS A I stated properi	57 9 7 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
_	20	8. Trede, profession, or particular kind of work done, as SPINNER.	P
RESERVED	THIS 1 be y be k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked et this occupation (month and	Coronary Prombosis 1.9.36
RV	nay may	9. Industry or business in which work was done, as SILK MILL, Farm & Road  SAW MILL, BANK, etc.	
SE	n it sh		
RE	VG I	year) AM_1935 occupation 1290.	Other Contributory Causes of importance:
Z	NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)  (State or country)	Abol Con 120 Var
ARGIN	FA lied ms, str		11/2013
E	D 2 2 0	13. NAME Saac Carpfell  14. BIRTHPLACE (city or town) Howard, Co.	Name of operation. Date of
A	rH Uy sullain t	(State or country)	Whet test confirmed diegnosis? Clusical Was there an autopsy?
*	WITH efully in pla ant.	15. MAIDEN NAME Lydia Holland	23. If death was due to externel causes (VIOLENCE) fill in also the following:
	- I	15. MAIDEN NAME Lydia Holland  16. BIRTHPLACE (city or town) Howard, Co.	Accident, suicide, or homicide? Date of injury, 19
	AINLY, ld be cal DEATH y import	(State or country)	Where did injury occur? (Specify/city or town, county and State)
	4 D D A	17. INFORMANT Chure auftell	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	PLA should OF DI very	(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	ITE on s	Place Sandy Spring Mil Date Jan 12, 1936	Nature of injury
0.1	mation s CAUSE TION is	19. UNDERTAKER HORGE ST. Supular 1	24. Was disease or injury in any wey related to occupetion of deceased?
S. N	B C	1 11 21 0 0 0 0	(Signed) Nevely Sewell M. D.
>	z (7)	20. FILED Fred L. 190 6. C. S. Damales Registrar.	(Address) Silver Spring Ind.
		If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Evamale II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . Fig. 4	July 5,1927	Peritonitis	3 days ago
Property S.			-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLA

V. S. No. 1 B.

1. PLACE OF DEATH	952
County Montanuery	Registration Dist. No. 2/6
Village or City Tombine Toler	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Delia Carter	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE; MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	January 26, 193 6
5a, If married, widowed, or diversed	(Month) (Day) (Year)
(or) WIFE of	22.   HEREBY CERTIFY, Thet I attended deceased from
Jury June	Jan. 3, 1936, 10, Jan. 26, 1986
6. DATE OF BIRTH (month, day, and year) unfluency	Mast saw h elive on 1984; death is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Cartage Steonifersoline
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et 11. Total time (years)	
o this occupation (month and year) spent in this coccupation occupation	
12. BIRTHPLACE (city or town) May land	Other Contributory Canses of importance:
(State or country)	Extransion
13. NAME Muleusen	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Levella Beatt	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Seella Scott  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Date of injury
State or country)	Where did injury occur?
17. INFORMANT Lelia Kickenson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1/2/2. Batto st. 7.71.	
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place 10/0 Veller Seller Jan 27, 1931	Nature of injury
19 UNDERTAKER or Ernest Jarris les	24. Was disease or injury in eny way related to occupetion of deceased?
(Address) 1432 4 Sth. m. Frach D.Q	f If so, specify
20. FILED 1/28 1936 B. C. Perry M.D.	(Signed) S. a. a. Dunn M. D.
Registrar.	(Address) Bethenda Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal causes of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cur 9861 7 834	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•		GRAIDO	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

CAUSE mation

LION

County Mo.  Village or City No.  (If death occurred in a hospital or institution, give it  Length of residence in city on town where death occurred yrs mos. ds. How long in U.S. If of foreign b	
(If death occurred in a hospital or institution, give it  Length of residence in city or town where death occurredyrsmosds. How long in U.S. If of foreign b	
Length of residence in city on town where death occurredyrsmosds. How long in U.S. If of foreign b	
( ) 24	JH (11:00
2. FULL NAME	
(a) Posidones No	
(a) Residence: No. ) Cure Volting St., Ward.  (Usual place of abode) St., Ward.	nresident g
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFI	CATE
SEX  4. COLOR OR RACE  OR, DIVORCED (write the world)  OR, DIVORCED (write the world)  (Month)	
If married, widowed, or divorced HUSBAND of (GC) WIFF of	

6. DATE OF BIRTH (month, day, and yeer)

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_

9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.....

10. Date deceesed last worked at this occupation (month and

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

Months

3

Days

11. Total time (years)
spent in this

occupation \_

If LESS than

1 day, ....hrs or .... min.

Years

7. AGE

OCCUPATION

FATHER

MOTHER

on

	Registration Dist. No. 2/3
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
	Caale ds. How long in U.S. If of foreign birth?yrsmosds.
	St., Ward.  If nonresident give city or town and State
alia i	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH  (Month)  (Day)  (Year)
	1 HEREBY CERTIFY. That I attended deceased from 1936, to 1936; death is said to have occurred on the date stated above, at 10.35 m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
-	Chronic Mefhilia 1935
	Other Contributory Causes of Importance:
	Name of operation Date of
-	Whet test confirmed diegnosis?
	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury, 19  Where did injury occur? (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Manner of injury
1	Nature of injury
-	24. Was disease or Injury in any wey related to occupetion of deceased?  If so, specify  (Signed) J.J. Branchest M. D.
	(Address) f. Landharden bring had

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I •		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis 5 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

BINDING

RESERVED

MARGIN

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Example I	8	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   FAR 7 1936 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   V. S.	July 5,1927	Peritonitis	3 days ago
September 1991 and 19			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ...

BINDIN

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Date of onset

Sea Was there an autopsy?... €

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Zampie 1		i i i i i i i i i i i i i i i i i i i	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

MARGIN

Date of onset

--- Wes there an autopsy? -----

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Artertoscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FD	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUVEAU V S			
Other contributory causes of importance:	10.0002.0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County	More	gora	cery			Registration	Dist. No. 3	12
Village Dr (	ity Bay	19.		/36	No.	S S NABAT	St.,	,War
Length of res	idence in city or town	where dee	th occurred		death occurred in a hospital or institut			
2. FULL NA	ME	Mes	4 Ru	rthe 8	- 10.4			
			1		Ch Ward			
(a) Resider	ce: Np.		(Usual place	of abode)	St.,Ward.	If nonresident	give city or town	and State
PERSON	IAL AND STA	ristic	AL PART	CULARS	MEDICAL CI			
S. SEX	4. COLOR OR RAC	E S		RIED, WIDOWED,	21. DATE OF DEATH	1	,	,
may	nhole		OK DIVORCE	D (write the word)		(Month)	(Day)	, 193 (Yeer)
a. If married, widov HUSBAND of	rad, or divorced			0		(month)	(Day)	(1661)
(or) WIFE of					22. I HEREBY	CERTIF	Y, That I etter	ided deceased fro
		1-	. /~ :	2 6	in also	,1922to	//	19.2
AGE Yas	(month, day, and yaar)		Paus	If LESS then	I last sew h		J, 19,5	المراقعة daath is sa
. AGE Tac	IIZ (MOIII	ills	Days	1 day,hrs.	to have occurred on the date state.  The PRINCIPAL CAUSE OF DEAT	/	'M, as of importance	
1 9 Trade profe	ion ortionto-			ormin.	were as follows:		ao or importante	Date of ons
kind of	ssion, or particular work done, as SPINNE BDOKKEEPER, atc	R,			Half 13	with.		12611
			_	***************************************	G. J. K. V			
SAW MI	business In which s done, as SILK MILL, LL, BANK, atc				10			
	ed last worked at pation (month and	-	spe	ime (yeers) nt in this				
year)	,	)	- 000	upation	Other Contributory Couses of impo	rtance:		
12. BIRTHPLACE (ci		ajo	7-1-1	nai				
(Stata or cou	ntry)	2 /	2.					
I3. NAME	form &	are	ey f	B			,	*****
13. NAME	,	asti	englar	Coi	Name of oparation		Date	of
1 (State of	country)	1	18	ia'	What test confirmad diagnosis?		Was thera	an autopsy?
15. MAIDEN NA	ME Julie	O'M	nice -		23. If deeth wes dua to axternal cau	ses (VIDLENCE) fill	I In also the follo	wing:
15. MAIDEN NA		uae	ack C	01	Accident, suicide, or homicide?	l	Date of injury	, 19
(State of	country)	40	gna		Where did injury occur?	(Specify city or	town, county and	State
17. INFORMANT	Joton C	jan	24	<b>,</b>	Specify whethar injury occurred in	INDUSTRY, In HO	ME, or in PUBLIC	PLACE.
(Address) 8. BURIAL, CREMA	IDN OR REMOVAL	9-1	ma	/				
ale place Vai	vsourelle		Date Las	N 3 1936	Mannar of injury			
ern	CA 1-				Netura of injury			
19. UNDERTAKER	al /	ny	age	700 1	24. Was disoase or injury in any wa	ay related to occupa	ation of deceasad	?
(Addrass)	2	2/1	00	11.0.	If so, specify	S	the	
20. FILED Lau	19 1996	my	J. (0-1.	Stiller.	(Signed)	Y		M.

CEDTICICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes; The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nonhritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FFR	July 5,1927	Peritonitis	3 days ago
ALKEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of should

item

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Mosela Registration Dist. No. Village or City J W (If death occurred in a hospital or institution, give its NAME instead of street and number) Zds. How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred. Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorcad HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 7. AGE Years Months Days If LESS than 1 day, ....hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER OCCUPATION SAWYER, BOOKKEEPER, etc .... 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation \_ (State or country) HER FAT Name of oparation. 14. BIRTHPLACE (city or town). / Monday (State or country) What test confirmed diagnosis?\_ Was there an au'opsy?\_= MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, spicide, or homicide? Date of injury 16. BIRTHPLACE (city or town) / (State or country) Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) RP 0 18. BURIAL, CREMATION, OR REMOVAL Manner of injury \_Date Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify ...

(Address)

24. Was disease or injury In any way related to occupation of degeased?

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Example I	di naveni	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
August Bar			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis  1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00711
1. PLACE OF DEATHALA	
County Montgomens	Registration Dist, No. 2 13
Village or City Coalsarlle Mo	No. St. Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME arthur Combe Flot	0 - 10
(a) Residence: No. 18. 100 (Usual place of abode)	St., Ward. Ju Village.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 1 18 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Culu Jane Hall	22.   HEREBY CERTIFY, That I attended deceased from
M. 12 10.44	04 04/8 1926 to
6. DATE OF BIRTH (month, day, and yeer)	I last stwh_sam_alive onalive on, 19.36_; deeth is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, etm.
/8 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, ast Partmarks SAWYER, BOOKKEEPER, etc.	Coppellary acomposes
SAWYER, BOOKKEEPER, etc.	(acuty / 1/18/31
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1/7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (monk) and yeer)  11. Total tima (years) spent in this occupation.	
P. O. M. M. A.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) Poslemble Many	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of County)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Many Oosle  16. BIRTHPLACE (city or town) Poslesselle  (State or country)	23. If death was due to external couses (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Postessille	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) Manyland	Where did injury occur?
17. INFORMANT Start To Flethall (Address) Fooles will me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Beallesialle, Mg Date Jan 20, 1936	Nature of injury
19. UNDERTAKER Teltow + Hall (Address) Doubsville, Maneland	24. Was disease or injury in eny wey related to occupation of deceased? #0
20. FILED//19 , 19 3 6 Cifle D Nowney Registrar.	(Address) Jawanulle My
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FIB 5 1830 1	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY

1. PLACE OF DEATH	(35)
County Mantgamery Country	Registration Dist. No. 2/7
Village or City Dany 1 md-	No. Mouta Co. Gen Hospetalst., Ward feath occurred in a horpital or iostitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	21_ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME many Fuller	If U. S. Veteran, specify WAR
(a) Residence: No. 1 \ Cockervelle \ (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of  Hunny  Julla	22. I HEREBY CERTIFY, That I attended deceased from dec. 31, 1936 to January 21 1936
6. DATE OF BIRTH (month, day, and year) Canuary 25, 1904	Hec. 31, 1936, to January 21, 1936 His seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
32(?) 0 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc Hauslings	Belatera Salprightis 21 days
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 10)	The salpingitie was gonoraboeal in
10. Date deceased last worked at this occupation (month and loc. 1735 spent in this occupation / 2	oregin. Cost
12. BIRTHPLACE (city or town) Dermantour  (State or country) Waruland	Other Coatributory Causes of importence:  General pseutomits 3 days
13. NAME Placeles Jackson	
13. NAME Charles Jackson  14. BIRTHPLACE (city or town) Nealstylle (State or country)	Neme of operation Date of Date of
	What test confirmed diagnosis? Chammall Was there an autopsy? Yes
15. MAIDEN NAME Nestu Cartu	23. If death was due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?
17. INFORMANT Hospital Records.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL 2006 Place 23, 1934	Manner of injury
19. UNDERTAKER PUT MA Laplan	24. Wes disease or injury in eny way related to occupation of deceased? _ 220 -
20, FILED JUNE 22. 1936 C. & Sandelas	If so, specify (Signed) M. D.
Registrar.	(Address) Saildy Spring, and

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Example I	1	Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	9 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
the second of th	11		
	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

00713

County Moutgowers	(10)
	Registration Dist. No. 214
Village or City Qduon (H	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME M. aggir - Colmabell	Gold The State of
(a) Residence: No. So Vary Full (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Ternale While OR DIVORCED (write the word)	Xauuary 7 1936
a. If marriod, widowed, or divorced	(Month) (Day) (Yoar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
Fromas o Durs	Jan. 3. 1999, to Jan 7, 1936
6. DATE OF BIRTH (month, day, and year) Uch 29 - 1859	Wast saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dato stated above, at 2:30 Pm.
/ 6   0   10   ormin.	The PRINCIPAL CAUSE OF DEATH and rolated causes of Importance were as follows:
8. Trade, profession, or particular kind of work dono, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Tleury 1/1/36.
9. Industry or business in which work was done, as SILK MILL,	deute Voronchitis
kind of work dono, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK Mill. SAW MILL, BANK, etc  10. Date doceased last worked at this occupation (gongth and	
this occupation (month and spont in this year)	
ma fand	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Desility
œ1	allers relevous
	Vine Zine
14. BIRTHPLACE (city or town) A frame famel	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
	23. If doath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Again faura	Accident, suicide, or homicide?
Court of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Walles Sales (Sou)	Specify whother injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) S-duve Med	
Place Day helf-ma Date Jay 9, 1936	Manner of injury
	Naturo of injury
19. UNDERTAKER WM. Feutry Tump Tury	24. Was disease or Injury in any way related to occupation of decoased?
(Address) (Focquelle night)	If so, specify torre
20. FILED Jan. 8 , 1936 margaret ( Jaewla	me (Signod) Ty engly . M. D.
Local Registrar.	(Address) Sturington. ald
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 7 1926	July 5,1927	Peritonitis	3 days ago
AU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	AR TO THE REST OF	(31)		
County Montgomery			Registration Dist. No.	214
Village or City Julion Length of residence in city or town where de	Spring (If the occurred yrs, mos	ND. death occurred in a hospital or institut	ion, give its NAME instead of street an	d number)
2. FULL NAME James Of	A Goodwin	If U. S. Veteran, St., Ward.	specify WAR	t
	(Usual place of abode)		If nonresident give city or town a	nd State
PERSONAL AND STATISTIC			ERTIFICATE OF DEATH	
male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tharried	21. DATE OF DEATH	(Month) J (Day)	, 193 (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine	Toolevin	22. HEREBY	CERTIFY, That I attended	ed dacaased fro
5. DATE OF BIRTH (month, day, and year)	100 17 18V1	list saw hem two on go		death is sa
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the dete stata The PRINCIPAL CAUSE OF DEAT	d above, at 9777 m. H and related causes of Importance	9
3. Trada, profession, or particuler kind of work done, as SPINNER. SAWYER, BDOKKEEPER, etc.	/6  ormin.	Chronic Int	erstitie nephro	Data of one
9. Industry or business in which work was done, as SILK MILL.	arbenter	acute Pyeli	tis	240
SAW MILL, BANK, etc.  10. Date decaased last worked at this occupetion (month and yeer)	11. Total time (yeers) spent in this occupation	J.		
12. BIRTHPLACE (city or town) was f	ington.	Other Contributary Canses of Impo	hed Prostate	64
13. NAME Thomas Go	od win	01		1
14. BIRTHPLACE (city or town) Lwash (Steta or country)	ung Low	Name of operation	Date of	
	and.		Was thera a	
15. MAIDEN NAME Laga Q	I dwell		ses (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town) (State or country)	shinglow -		Date of injury	, 19
17. INFORMANT MY John (Address)	alexander	Where did Injury occur?	(Specify city or town, county and S INDUSTRY, In HOME, or In PUBLIC	late) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	spring ma	Manner of Injury		
Place Cedar Itale	Date Xain 4 , 1926	Netura of Injury		
19. UNDERTAKER Barrer & Per (Address)	udphuig		ay related to occupation of dacaasad?	No-
20. FILED Jan 3 1936 F	ELA MO CO	(Signad)	Mondo	2 "

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 N. B.— Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-

FOR BINDING

MARGIN RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

;-up

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County moul grane	Registration Dist. No. 2/3
Village or City Daniel Store ( )	St., If death occurred in a horpital or institution, give its NAME instead of street and numb
Length of residence in city or town where death occurred	sds. How long in U.S. if of loreign birth?yrsmos
2. FULL NAME Wary C. Gray	
Du the 2 P also	where Ward.
(a) Residence: No. 1 7 1 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ()
To a sel What OR DIVORCED (write the word)	Jan 12 , 193
5a. If married, widowed, or divorced	(Month) (Oay)
HUSBAND of D O	22. I HEREBY CERTIFY, That I attended decen
Whand tray	1935, to an //
6. DATE OF BIRTH (month, day, and year) May 4- 1844	1 Past saw h alive on 1, 19.36; de
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
91 8 3 1 dey,hrs.	THE PRINCIPAL CAUSE OF DEATH SHIP ISLAND CAUSES OF IMPORTANCE
8 Trade profession or particular	Mus organdites Da
Nind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	
9 Industry or business in which	Chronic Perendula 1
work was done, as SILK MILL, SAW MILL, BANK, etc.	- Then take reulers
11. Total time (years) this occupation (month and spent in this	
year) - 4 - 4 - 3 - Occupation - 10 - 12	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) World January 20	Other Contributory Causes of Importance.
(State or country)	Bronderal ashina /
13. NAME TO SELL FOR	
13. NAME TO THE TOTAL TO	Name of operation Dete of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Wes there en eu'op
15. MAIDEN NAME DA GAM Kennel	
T	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
1 (State of Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrg. + Estion carel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDA, OR REMOVAL	Manner of injury
Place Stalla will Dete Com 14, 1936	Nature of injury

restour (Is	death occurred in a horpiral or institution, give its NAME instead of street and number)
where death occurred 17 yrsmos.	
y C. Gray	
X 4 3 8 1 100	ekeer Ward.
(Usual place of abode)	If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Oay) (Year)
D	V
Tray	22.   HEREBY CERTIFY, That I attended deceased from 1935, to 1 cm // 1936
Men 18-41	That saw h & alive on 11 19.36; death is said
nths Days If LESS than	to have occurred on the date stated above, at m.
2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
ormin.	were as follows:  Date of one of the state o
IER, Housewife	my o carams 1939
	Chronic Perendula 1925
Houselehus	[ Turn takereuler)
11. Total time (years) spent in this	
occupation/O	Other Contributory Causes of importance:
dyonery do	
£a-l	Bundling ashina 1900
100	
()	Name of operation Dete of
Kennel	What test confirmed diagnosis? Wes there en eu'opsy?
1/Ca	23. If death was due to external causes (VIDLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
to Partie	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Back card	Specify whether injury occurred in thousant, in nowe, of in Public Place.
Cullengung fre	Manner of injury
Dete 0 14 , 19 36	Nature of injury
· Persullanes	24. Was disease or injury In any wey related to occupation of deceased?
lawell built	If so, specify
(118 - D Auriage mo	(Signed) Ablen & house M. D.
Registrar.	(Address) Dansowelle My
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

19. UNDERTAKER

(Address)

20. FILED a /4"

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00716
1. PLACE OF DEATH	2000
County Montgomery	Registration Dist. No. 2 23
Village or City Takoma Park	No. Washington Sanitarium and Stospital Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)  2 2 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
AA C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	If U. S. Veteran, specify WAR
(a) Residence: No. 415 Butternut Street	Must, Ward. Washing low D.C.  If nonegoident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White Married (write the word)	Month) (Day) (Year)
5a. If merried, widowed, or divorced  HUSBAND of	
(or) WIFE OF Mr. Henry F. Harmon	December 24, 1935, to January 14, 1936
6. DATE OF BIRTH (month, day, and year) A Pril 1, 1869	I last saw her alive on January 14, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.10 A.m.
6 6 9 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and refated causes of Importance were as follows:
8. Trade profession or particular	Slipped on ice stepping from street-car cue
kind of work done, as SPINNER, House wife	Tracture of Phisogorup. Dx. 22:193
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Systicernia. gm. 9-19:
1) Total time (years)	accident, Ascember 22nd, 1935; septicemia a one week
this occupation (month and year)	before death & presonanial, two days before death.
12. BIRTHPLACE (city or town) Rust County	Other Contributory Causes of Importance:
(State or country) Texas	His yestatic Mucusamia. Jan. 13-19
# 13. NAME James W. Emery	
14. BIRTHPLACE (city or town) Banger	Name of operation Smith Peterson Processes Date of Disc 22-49
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? - Oscaidente - Date of injury Dec. 221, 1935a.
(State of country) Lilabama	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Washington Sanitaxium Records	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Takloma Fark, Md.	In Jublic place stepping from staret-cour
Place Columbia Gardens a Date Jan 16, 1936	Manner of injury Slighted on ice "it fell, stepping from street cars.
41 11/1	Nature of injury Fracture of right Cep-joints
19. UNDERTAKER MY YE TO LOVE CO	24. Was disease or injury in any way related to occupation of deceased? No
0-15 7 1101	If so, specify  (Signed) A Narrus M.D.
20. FILED Pul 5 190 Registrar.	(Address) 722 Maps, aus. Topona Mb. M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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SUREAU V. S.	77		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100000

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Other contributory causes of importance:		Other contributory causes of importance:	
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SUREA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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9	T.	Ŧ	7	7	4.
1	1	8	0	1	9 1

1. PLACE OF DEATH		(82-a)		/
County Mound gone	ery		Registration Dist. No.	16
Village or City Settless	(IF	No. 4707 Magded death occurred in a hospital or insatution	give its NAME instead of street	Ward
Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of fo	relgn birth?yrs	mosds.
2. FULL NAME Margare	FE Hour (.	Mrs)		
(a) Residence: No. 4-707	(Usual place of abode)	St.,Ward.	If nonresident give city or tow	n and State
PERSONAL AND STATISTICA		MEDICAL CER	TIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	ry 24	, 193 6
5a. If married, widowed, or divorced	viaouea.		Month) (Day)	(Year)
HUSBAND of (or) WIFE of Thomas	har	22. I HEREBY C December 22, 19	SERTIFY, That I atte	ended deceased from
6. DATE OF BIRTH (month, day, and year)	120/1877	I last saw h 27 alive on 9	musey 24 19	36: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated a	bove, at 8A m.	
25 9 58	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH a were as follows:	and related causes of Importance	Date of enset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	Cerebral Nems	vrage_	1/24/36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation			
12. BIRTHPLACE (city or town) Allatrals (State or country)	ery.	Other Contributary Causes of importa	nce:	1920
I UI MA	11000	<i>y</i>	Y	
13. NAME TOWN AS I WELL	vice Herring	4M		
13. NAME Thermas Market 14. BIRTHPLACE (city or town) (State or country)	and.	Name of operation What test confirmed diagnosis?		e of re an autopsy? NO_
15. MAIDEN NAME Mary an	n Manrae	23. If death was dua to external causes	(VIOLENCE) fill in also the fol	lowing:
15. MAIDEN NAME Mary Line 16. BIRTHPLACE (city or town)	those	Accident, suicide, or homicide?	Data of injury	19
≤ (State or country)	mg-	Where did Injury occur?		
17. INFORMANT Mangaret (Address) 1993	Lynch	Specify whether injury occurred In IN	(Specify city or town, county ar NDUSTRY, In HOME, or in PUBL	nd State) IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place West Anim Classe Se	DO 1/24 1936	Manner of injury		
19. UNDERTAKER J. W. M. Leis, (Address) 1. 300 - 4 - 45	Sous Co	24. Was disease or injury in any way	related to occupation of decease	d? RO
20. FILED 1/24 , 1936 B.	Perry n. Q	If so, specify  (Signed Bradleys)	Halpfaires	M.D.
	Registrar.	(Address) 7.000		20000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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13	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	3723
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

1. PLACE OF DEATH	(123-2)
county Montagnery	Registration Dist. No. 223
Village or City to Kong Touls md	No. Wash. San. + Host. St., Ward death occurred in a hospital or institution, give its NAME (stead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Dr. James Howard  (a) Residence: No. 18 37 Vernon St. n. W.	St. Ward. 7 NOS Ling of the D.C.
(a) Residence: No. 1051 (Usual place of abode)	St., Ward. USSaing to N. D. C.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Mayria	21. DATE OF DEATH  Jan: 6 1936
5a. If married, wildowed, or divorced	(Month) (Day) (Year)
HUSBAND of Retha Howard	22. I HEREBY CERTIFY, Thet I attended deceased from Jan. 1936, to Jan. 6, 1936.
6. DATE OF BIRTH (month, day, and yeer) Way. 23. 1861	I last saw his a alive on Jan 6 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 921 P.m.
74 9 \7 \\ 1 \day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc  10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation. 5.1 Urs	acute Interlined abstruction Jan 17
12. BIRTHPLACE (city or town) Brookville, md. (State or country)	Other Contributory Causes of importance:
13. NAME John Howard	
13. NAME John Howard Co. Md.  14. BIRTHPLACE (city or town) Howard Co. Md.  (State or country)	Neme of operation Relieure Volvulous Date of 3-17 What test confirmed diagnosis? X range operations Was there an autopsy?
15. MAIDEN NAME Rebecca France	23. If deeth was due to externel ceuses (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Howard Co. md (State or country)	Accident, suicide, or homicide? Date of injury
17. INFORMANT Sanitarium Recordes, (Address) Takoma Park, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Washingtong Coate Jan 11, 1936	Manner of Injury
19. UNDERTAKER Stor O Stewart (Address) 30 H St n. E.	24. Was disease or injury In any way related to occupation of deceased?
January 31 glas Proposal	(Signed) Commarket M.D.

V. S. No. 1

Jo

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

FOR BINDING

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 5 1936	July 5, 1927	Peritonitis	3 days ago
I BUKEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(N-a)
County monlyomery	Registration Dist. No. 2/6
Village or City Somerset Md,	ND. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME HUCOG VI HOTT	
(a) Residence: No. 40/ Dorset Web. 10	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH / 3
OR DIVORCED (write the word)	January 20 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceesed from
B 1852.	Jan 10 1976, to Xan. 29 , 19 26
6. DATE OF BIRTH (month, day, and yeer) My Chann	Mast saw h saw alive on X au 179 , 1936; death is seld
7. AGE O Years Months Days If LESS than	to have occurred on the date stated above, et 2 9, m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of one et
SAWYER, BDOKKEEPER, etc.	Carenoma of
9. Industry or business In which work was done, as SILK MILL,	reophogus
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	1
this occupation (month and spent in this year)	V
Pitra	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Community (State or country)	And the state of t
	removing any regressive proper
E	none
(State or country)	Name or operation Date of
	Whet test confirmed diegnosis? Westhere en autopsy? L.W.
15. MAIDEN NAME BESSE Adus  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT WYS IN FOLIAGE	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 40 y Don's of Oul to	
Place Oher Sholom Cemels Date Aan 31/1936	Manner of Injury
D O	Nature of injury
19. UNDERTAKER (3. DOWN AUSRY) (Address) 3501-) 14	24. Wes disease of injury in any way felated to occupation of deceased?
(noures)	If so, specify
20. FILED 1/30 , 1936 R. 3 / Slary on &	(Signed) M, D.
// Registrar.	(Address) 1912 16 W

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Wash,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-/ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. SiNo.

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago	
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nephritis [1]	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00723
1. PLACE OF DEATH	(31)
County Moulgoursuy	Registration Dist. No. 214
Village or City South of South	No. St., Ward
Length of residence in city or town where death occurred yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME of Europe Do Bu	also
(a) Residence: No. A. F. D. Bockoulls miss	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Male  Married	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Stamue Justin	aug. 13. 1974, to Jan 10- 1936
6. DATE OF BIRTH (month, day, and year) Fire 18 -1860	I last saw him alive on Jany 10 , 1936; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5.30 P.m.
75 10 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R. Trade, profession, or particular kind of work done, as SPINNER,	Therein 1/27/25
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and	727/33
work was done, as SILK MILL, SAW MILL, BANK, etc.	
70. Dato deceased lest worked at 3 /2   11. Total time (years) spent in this whole ly year)   11. Total time (years)   12. Total time (years)   13. Total time (years)   14. Total time (years)   15. Total time (years)   15. Total time (years)   16. Total time (years)   17. Total time (years)   17. Total time (years)   18. Total time (years)   18	
12. BIRTHPLACE (city or town) Mausland	Other Contributory Causes of importance:
(State or country)	Etrone Suferstitul
14. BIRTHPLACE (city or town) Substitute	Replirities
14. BIRTHPLACE (city or town) \ Mulaution	Name of operation Date of Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Un la suprour Find	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17. INFORMANT Pichard M Kusles (Address) 7227 - Colling low Out Beelwood	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Tolomae MX Date Jan 13, 1936	Nature of injury
19. UNDERTAKER AM. Prestru Ameplure	24. Was diseese or Injury in any way related to occupation of deceased? Zes
20. FILEO Jan. 11., 1936 Margaret C. Tremeans	(Signed) Henry & Brown M. D.  (Address) Henrington and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

BUREAU V. S.

	return must stat	return	occupation	an	complete.	be	To
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8.—The trade, profession, or particular kind of work done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ann Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDIN

RESERVED

MARGIN

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Example I	1000	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB 4 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

1. PLACE OF DEATH	
County Montgomery Registration Dist. No. 273	
Village or City Takoma Park No. Washington Samtarium & Hospik (If death occurred in a hospital of institution, give its NAME instead of street and nur	mber)
Length of residence in city or town where deeth occurredyrs,mos5_/ds. How long In U.S. if of foralgn birth?yrs,mos.	ds.
2. FULL NAME Miss Flora ann hin Kins If U. S. Veteran, specify WAR	
(a) Residence: No. 36/5 Newark St. St., Ward. Washington D.C. (Usualplace of abode)  If nonresident give city or town and St.	ate
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Female White Single, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single (Month)  1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single (Month)	93 <u>b</u> (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of  22. I HEREBY CERTIFY, That I attended de January 8 1936, to January 14	ceased from
6. DATE OF BIRTH (month, day, and year) May 15 1893   Hast saw hex alive on January 14, 1936;	death is said
7. AGE Yeers   Months   Oeys   If LESS then to have occurred on the dete steted above, at	
H 2 8 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, leacher SAWYER, BOOKKEEPER, etc. leacher	0 at a of one ot 4 1.4/36
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end year)  11. Total time (years)  spent in this occupation (coupation 18 18 18 18 18 18 18 18 18 18 18 18 18	
12. BIRTHPLACE (city or town) Washinakan (Stete or country)  Other Centributery Causes of Importance:	
13. NAME George W. Linkins	
14. BIRTHPLACE (ctry or town) Washington Neme of operation Date of What test confirmed diegnosis? Cultipay Westhere an aut	ans yes
15. MAIOEN NAME Carrie Reiss 23. If death was due to external ceuses (VIOLENCE) fill In also the following:	040): 11-
16. BIRTHPLACE (city or town) Washing You Accident, suicida, or homicide? Date of Injury	,19
(Specify city or town, county and State) 17. INFORMANT Washington Sanitaviv methos by Cover Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC (Address) Takowa Pay K. Md.	E.
18. BURIAL, CREMATION, OR REMOVAL Pleca Company Decay	
19. UNDERTAKER for Gaulers Son 24. Wes disease or injury in any way related to occupation of deceased? 26. (Address) 73. 6 Fa. aux 2 11 so, specify 6.	10
20. FILED //4 , 1936 Hotogers (Signad) IV. II and Janahan (Address) to ash. Sanatariny	M. D.

If mnre blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 V. S.			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If nonresident give city or town and State

(Day) CERTIFY. That I attended deceased from

Tha PRINCIPAL CAUSE OF DEATH and ralatad causes of importance Date of onset

23. If death was due to external causes (VIOL ENCE) fill in elso the following: 

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

S. No.

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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11.00	Example II	
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1921	Run over by street car	1 week ago
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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5 ,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE C	OF	MARYL	AND-	-CERT	TFICA	TE	OF	DE	ATH
					17				

00728

1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 216
Village or City Cherry Chace	No. 101 - Geland, St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
00 72	
2. FULL NAME Clarence I. Mayl	
(a) Residence: No. 101 — Teland (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (awrite the word)  W. A. COLOR OR RACE	21. DATE OF DEATH Jall 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced    WORAND of	I HEREBY CERTIFY. That I attended deceased from  1934, to
Retroed  Note that the second	Typulane Frat disson 1930
year) 7-10-32 occupation 40.  12. BIRTHPLACE (city or town) Baltonere (State or country) mak.	Dther Contributory Causes of Importance: 1980
13. NAME Senge 6. Noyes.  14. BIRTHPLACE (city or town) Mass.  (State or country)	Name of operation
15. MAIDEN NAME Susanna Waves  16. BIRTHPLACE (city or town). Ballor (State or country)  17. INFORMANT Mr. R. J. Whiteford (Address)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place W. ASKA John Date 1 - 18 - , 1936  19. UNDERTAKER J. W. Jae Jone Bee. (Address 300 4 4 at n E. Wash. 186.)	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
20, FILED 1-18-, 1936 Thomas K. Comal	(Signed) (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Mouleonery Registration Dist. No. (If death occurred in a hospital organitation, give its NAME instead of greet and number) Langth of residence in city or town whara death occurred mos. ds. How long in U.S. if of foreign birth? vrs. If U. S. Veteran, specify WAR, If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) If merriad, widowed, or divorced HUSBAND of 22. CERTIFX. That I attended daceasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Months Day If LESS than to have occurred on the date stated above, at f day .....hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or ..... min. Date of onset 8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10: Date decaased last worked at 11. Total tima (yaers) this occupation (month an spent in this 40 up 12. BfRTHPLACE (city or town) (State or country) FATHER Nama of operation\_\_\_\_\_ 14. BIRTHPLACE (city or town)\_ (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide? 16. BIRTHPLACE (city or town (State or country) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT JACK (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was disaesa or injury in any wey related to occupation of decaesad? 19. UNDERTAKER If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting Y. S. No

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Cerebral homorrhage   BURFAU V. S.	July 5, 1927	Peritonitis	3 days ago
Exp. Service and s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EAR 5 1988 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			111

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH  County Mountain France Color of the properties	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City.  Standto of residence in city or town whese death popured.  (If death occurred in hospital or institutions, give its NAME instead of street and number).  2. FULL NAME  (a) Residence: No.  (Usual pieced abodic)  St., Ward.  (If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX.  (Color OR RICE)  5. SINCE, BARRIED WIDOWED  OR DYORGES (Give to bown)  OR DYORGES (Give to bow	1. PLACE OF DEATH	(10)
Length of residence in city or toyn where death control.  2. FULL NAME  (a) Residence: No.  (b) Length of residence in city or toyn where death control.  (b) Residence: No.  (c) Residence: No.  (c) Length of the death control.  (d) Residence: No.  (d) Residence: No.	County Montgomery	Registration Dist. No. 2 (7
Length of residence in city or togen where deaths polarized. Coyre	Village or City ( ) - Cares	
2. FULL NAME  (a) Residence: No.  (Usualplaced abods)  PERSONAL AND STATISTICAL PARYICULARS  3. SEX  A COLOR OR BACE  5. SINGLE MARKED, WIDOWED, OR DYORCED (write the word)  5. If married, widowed, or dispersed (or) Wife or (or) Wife or (or) Wife or  T. AGE  Veers  Monophil  Days  11 LESS than 1 have occurred on the date statigatione, at		
(a) Residence: No.  (Usualpieced abode)  PERSONAL AND STATISTICAL PARTICULARS  3.5X  A. COLOR OR RACE  OR PHYORCED (write the word)  Sal. If married, widewed, or dispread  (Or) Will E of  PARTICULARS  S. If married, widewed, or dispread  (Or) Will E of  Part of BIRTH (month, day, and year)  Or.  Or.  II LESS than 1 day,		ds. now long in U. S. r or roreign birth?
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, ORD DIVORCED (*emic the word)  So. If married, widowed, or dispreed  "Crear"  A. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, ORD DIVORCED (*emic the word)  So. If married, widowed, or dispreed  "Crear"  T. AGE  Verre  Monyls  Days  II LESS than I day. hrs. or. min.  The PRINCIPAL CAUSE OF DEATH  This or business in which it. SAW MILL, BANK, etc.  12. BIRTHPLACE (city or town)  Date of month and  Year  T. AME  T. Total time (years) spent in this occupation (month and year)  T. AME  T. AM		amona Proper
Date of onest Manual Statistical Particulars  J. SEX J. COLOR OR RACE  S. SINGLE MARRED, WIDOWED, OR DYNORED OWN the two words  One DYNORED Own the two words  So. If married, widowed, or dispraced (or) wife of J.		
Sa. If married, wiclowed, or dispersed    Sa. If married, wiclowed, or dispersed   Sa. If married, wich or dispe		
So. If married, widowed, or disyred (or) wife of country (or) or town (or) wife of country (or) wife of country (or) wife or or) wife of country (or) wife or or) wife or		21. DATE OF DEATH
Sa. Ji married, widowed, or dispersed  (or) WIFE of  (or)	A LUMBARA CRAIMALA	Tayrany 6 , 193 6
6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trade profession, or particular minimum and profession of particular minimum and profession minimum and particular minimum and profession minimum and particular minimum and profession minimum and particular minimum and profession minimum and profession minimum and particular minimum and profession		
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  It LESS than I day, hrs. or. min.  New profession, or particular skind of work dome, as SPINNER, SAWYER, BIOKKEEPER, etc. 9. Industry or business in which SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURRACGEMATION, OR REMOVAL PIRECT MAY  PIRECT MAY  19. JOSA  Registrer  19. Address)  20. FILED (Basecel 7., 19.81a  Manner of Injury  Name of operation  Address)  11. Total time (rears) spent in hits occupation  Other Castributary Dayse of importance:  10. Date deceased last worked at this cocupation (month and year)  Other Castributary Dayse of importance:  10. The deceased last worked at this cocupation (month and year)  Other Castributary Dayse of importance:  What test confirmed diagnosis?  18. BURRACGEMATION, OR REMOVAL Pined  Pined  Manner of Injury  Nature of injury in any way related to occupation of deceased?  10. Signed)  11. Total time, hrs. 12. Optimize a state of death is said to have colored and the profession of deceased?  Nature of injury  Nature		SOY. 15 20 0 - 1/ 3/
7. AGE Years Monyhs Days II LESS than I day	1903	
8. Trade, profession, or particular Manuel M		
8. Trade, profession, or particular Mind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWMER, BOOKKEPER, etc.  10. Date deceased last worked at spent in this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city of own)  15. MAIDEN NAME  16. BIRTHPLACE (city of town)  17. INFORMANT  (State or country)  18. BURIAD-SERMATION, OR REMOVAL  Place Out of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER  19.	50 H I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city of town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL  Place Out of the country  19. UNDERTAKER  19. UNDERTA	8 Trade profession or particular	Date of onset
12. BIRTHPLACE (city or town). Use of the Control o	KIND OF WORK DONE, as SPINNER, SAWYER, BOOKKEEPER, etc.	currena of
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city of town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL  Place Out of the country  19. UNDERTAKER  19. UNDERTA	9. Industry or business in which work was done, as SILK MILL,	1 1 Ceurp Del 15
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city of town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL  Place Out of the country  19. UNDERTAKER  19. UNDERTA	SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city of own)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL-CREMATION, OR REMOVAL  Place Outlet Country  19. UNDERTAKER  (Address)  20. FILED-Place (T. 1981a Mark Cash Secretary)  21. BORNANT  (Address)  22. FILED-Place (T. 1981a Mark Cash Secretary)  23. If death was due to external causes (VIOLENCE) fill in also the follywing:  23. If death was due to external causes (VIOLENCE) fill in also the follywing:  24. Cash was due to external causes (VIOLENCE) fill in also the follywing:  25. Acident, suicide, or homicide?  Cash was due to external causes (VIOLENCE) fill in also the follywing:  26. Acident, suicide, or homicide?  Cash was due to external causes (VIOLENCE) fill in also the follywing:  26. Acident, suicide, or homicide?  Cash was due to external causes (VIOLENCE) fill in also the follywing:  27. Acident was due to external causes (VIOLENCE) fill in also the follywing:  28. BURIAL CREMATION, OR REMOVAL  Place (Address)  Manner of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?  11 so, specity  (Signed)  (Address)  (Address)  28. Acidental deceased?  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)		J. V.
State or country	12 DIDTUDI ACE (altres to an ALALA LILLA I	Other Cautributary Causes of importance:
What test confirmed diagnosis?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURTAL CREMATION, OR REMOVAL  Place Out of Juntal Date  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  Pace 17. INFORMANT  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Address)		Sel. 1
What test confirmed diagnosis?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURTAL CREMATION, OR REMOVAL  Place Out of Juntal Date  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  Pace 17. INFORMANT  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Address)	W 13. NAME Y MANN Takes	
What test confirmed diagnosis?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURTAL CREMATION, OR REMOVAL  Place Out of Juntal Date  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  Pace 17. INFORMANT  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Address)	14. BIRTHPLACE (city of lown) MARINES	Name of operation     Aracluteres Date of
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Costume Grant	(State or country)	4.1. 7
Where did injury occur?  17. INFORMANT  (Address)  18. BURTAL CREMATION, OR REMOVAL  Place auch — Would Date Date Injury  (Address)  19. UNDERTAKER Wm. Further Place Canada (Address)  20. FILED Proceed 7. 1981a Mrs. C.S. Barresley  (Address)  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased? It is o, specify  (Signed)  (Signed)  (Address)	15. MAIDEN NAME Wartha Sulith.	
Where did injury occur?  17. INFORMANT  (Address)  18. BURTAL CREMATION, OR REMOVAL  Place auch — Would Date Date Injury  (Address)  19. UNDERTAKER Wm. Further Place Canada (Address)  20. FILED Proceed 7. 1981a Mrs. C.S. Barresley  (Address)  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased? It is o, specify  (Signed)  (Signed)  (Address)	5 16. BIRTHPLACE (city or town) Eastwood	Accident, suicide, or homicide? Date of injury
17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place ault—Virtual June Date (Address)  19. UNDERTAKER (Address)  20. FILED Proces (Address)  Specily whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specily (Signed) (Signed) (Address)	(State or country)	
18. BURIAL CREMATION, OR REMOVAL  Place auch - Virginal Funcial Date. January 18, 19.36  19. UNDERTAKER W. M. Frubtu Punchury (Address)  20. FILED Proces 7, 19.81a Mrs. C.S. Barreley (Address)  20. FILED Proces 7, 19.81a Mrs. C.S. Barreley (Address)  21. Was disease or injury in any way related to occupation of deceased? No (Signed)  (Signed)  (Address) 8.32 Kalosawa Rd		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place auch - Survival Date day 8, 19.36  19. UNDERTAKER Wm. Prubtin Dunchury (Address)  20. FILED Proces 7, 19.81a mm. C.S. Barnsley Registrar.  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  11 so, specify (Signed)  (Address)	LO DICTED OFFICE OF PENOVAL	
19. UNDERTAKER Vm Penten Cumpling 24. Was disease or injury in any way related to occupation of deceased? No it so, specify 18 so, specify (Signed) (Signed) (Address) 832 Kalorama Rd	Tours of the state	
20. FILED Proces 7, 1981a Mrs. C.S. Barreley (Address) 832 Kalorana Rd.	10 charles med to	
20. FILED. Percel 7. 19Bla mr. C.S. Barreley (Signed) SJames Rd (Address) 1832 - Kalorama Rd	15. OHDERTAREN	
20. FILED (Address) / 8.32 - Kalosawa Rd	0. 17 20 20 120	12 12 12 12 1
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. R. Nach - NG		VIOLA DE DI
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. Sort Nach - Na

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

## STATE OF MADVI AND CEDTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, N. B.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	93-0
County Money	Registration Dist. No. 211
	ND. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  os. ds. How long In U.S. if of foralgn birth? yrs. mos. ds.
2. FULL NAME Thurso My Thice	
(a) Residence: No. Bouds nul.	12 St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 14 1936 (Month) (Day) (Year)
5a. If married, widowed, or divoced HUSBAND of	
(or) WIFE of Jeou Tue	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Program 80, 186	
7. AGE Years Months Days If LESS than	to have occurred on the date state (above, at 15!5 Pm.
1869 66 1 (4 orhrs	ware as follows
8. Trada, profession, or particular	Hearh attach " Date of great
kind of work done, as SPINNER, House with a	Prehably Bulalism
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	suly you her su lair
	player
11. Total time (years) this occupation (month and year) year)  12. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Reco you	Other Contributory Causes of importance
(State or country)	Charles a ditty
13. NAME Hourson Laymon	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME elever	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Harrison. and.  (Address) Boyds buch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Doydle Date 19, 19	Nature of Injury
19. UNDERTAKER & Landing	24. Was disease or injury In any way related to occupation of deceased?
(Addiess) Godlingburg pre	If so, specify
20. FILED Jan 18 1936 Williams Levolo	(Signed) 4 M Sarker M. D  (Address) Kairherdung m
Registrar.	(nouless)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arter toscierosis ;	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis [ ]	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
CODEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied.

-WRITE PLAN

TION is very important.

1. PLACE OF DEATH		130			
County montgon	nery -		Registration	Dist. No. 2	17
Village or City m Ono	redek.	NoNo		St.,	Ward
		f death occurred in a hospital or insti			
Length of residence in city or town where death	occurred yrs mos	sds. How long in U.S.II	or roreign birth?	yrs	mosds.
2. FULL NAME James	icolos				
(a) Residence: NoRoelcoi	(Usual place of abode)	St., Ward.	If nonresident	give city or town ar	nd State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Jan (Month)	- 29 (Day)	, 193 (Year)
5a. If martind, widowed, or diverced HUSBAND of Coc. WIFE of Chargail  6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months	Picks 710 de 1844 Days If LESS than	22. 1 HEREB  I last saw h M. alive on to have occurred on the date sta	Y CERTIF ,1936, to ) law 8	8 ,193	d deceased from 1936; death is said
8. Trade, profession, or particular kind of work done, as SPINNER,	19 Iday,hrs. ormin.	The PRINCIPAL CAUSE OF DE. were as follows:			Date of onsat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL. Common of the work was done, as SILK MILL. Common of the work was done, as SILK MILL. Common of the work was done, as SILK MILL. Common of the work was done, as SILK MILL. Common of the work was done, as SPINNER, SAWYER, BOOKKEEPER, etc  O. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	Other Contributory Causes of Im	mento n		1930
12. BIRTHPLACE (city or town)	tampton Co	myocar	dillo		193
13. NAME CUMCUSON	7				
13. NAME CMSCALORO  14. BIRTHPLACE (city or town) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	www	Name of operation What test confirmed diagnosis	0 Exammas	4 1	n autopsy?
15. MAIOEN NAME COLOR OF TOWN OF THE STATE OF TOWN OF THE STATE OF TOWN OF THE STATE OF THE STAT	en ll	23. If death was due to external c Accident, suicide, or homicide? Where did injury occur? Specify whether Injury occurred	(Specify city or	Il in elso the followl Date of injury	ing: , 19
18. BURIAL, CREMATION, OR REMOVAL Place Panna lak lemD	iate 2-2-,136	Manner of injury			
19. UNDERTAKER Warner Pinn (Address) / Coccoull	c mil	24. Was disease or injury In any If so, specify		4.0	no
20. FILED Jan 29, 1924 C.S.	Barnsly	(Signed)	de Sp	rue 2	7 M. D

If more blanks are needed, address tate Registrar, 2411 N. Charles Street, Balsimore, Requesting V.S. No. 1.

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Ea	ample I	1	Example II	
The principal cause of dear of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- JARN 4 10	1 1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(ION)
County Montgo 1974	Registration Dist. No. 225
Village or City Jakowa Carlo	No. No. Mard f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long In U.S. if ot toreign birth?mosds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Ogy)  (Year)
5a. It married, widowed or divorced HUSBAND of (or) WIFE of 1804 Practice Risting	22. I HEREBY CERTIFY, That I attended deceased from
A. + 10 19/16	1000 Y 31 1935 to 100 + 4 1936
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  It LESS than	I last saw harm alive on 193-5; death is said
7.5 2 1 1 day,hrs.	were as follows:
P Trade protection or particular	Data ot onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Xobar Julinorua hue 3
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased Jast worked et this necuration of many that the senant in this	
The contract of the contract o	
12. BIRTHPLACE (city or town) Hollyville (State or country)	Other Coutributery Causes of importance:
110000	o racinta,
	GANDLAN LALLUNG
(State or country)	Name of operation Date of
15. MAIDEN NAME Wary Shiftman	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Javana Cisture (So (Address) 1708 - M. H. fre	(Specify city or town, county and State) specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Washington C. Date Date 1236.	Manner of Injury
19. UNDERTAKER AS A SAME WAS ONE INC. (Address) 1956-1/a Me. Fresh D.C.	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO 1 4/36, 19 R. S. Niefer Registrar.	(Signed) Sylvasall M. [ (Address) 18.3.2 Kalerana Ros
Lette - Dudling 2-24-36	2411 N. Charles Street, Baltimore, Requesting U. S. No. W. ash. No.

1111 2011

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FER			
Other contributory causes of importance:		Other contributory causes of importance:	
Other contributory causes of importance: V.  Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00735
1	PLACE OF DEATH	92-20
	County Montgomery	Registration Dist. No. 2//
	Village or City Boyds	NoSt.,Ward
		deeth occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2	FULL NAME / Tatherine Wilson yose	whengest U. S. Veteran, specify WAR
	(a) Residence: No. Jeffersonton La (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	OR DIVORCED.(write the word)	21. DATE OF DEATH
5a.	If marriad, widowad, or divorced	(Month) (Day) (Year)
	HUSBANO OF (or) WIFE OF Levi Rosenberger	22. I HEREBY CERTIFY, That t attandad deceased from
6. I	DATE OF BIRTH (month, day, and year) Sept 20, 1864	I last saw h 4 alive on 6, 1936; daath is said
7. A		to have occurred on the date statad above, atm.
	7/ 3 /8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were es follows:
TION	8. Trada, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Bunelio-puemania 15,36
OCCUPATION	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  Lower home	
00	10. Oata decaasad last worked et this occupation (month end year)	
12.	BIRTHPLACE (city or town) Washington, Il. C (State or country)	Other Contributory Canoes of importance:
2	13. NAME Leorge & Welson	Billial Haurqualian
FATHER	11111 + 100	Name of operation
FA	14. BIRTHPLACE (city or town) Mashing form, M. Co. (State or country)	What test confirmed diagnosis? Was there an eutopsy?
ER	15. MAIDEN NAME Marian L. O'lowmay	23. If daath was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Washing ton, 10 ( (State or country)	Accident, sulcide, or homicida?
17.	INFORMANT Mrs. N. W. Wright (Sestes) (Addrass) 1907 Longelowing Bond - Hother	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Themwood Com Oate Jan 9, 1960	Menner of injury
19.	UNDERTAKER Wys Reuhen Pumphony	24. Was disease or injury in any way related to occupation of deceased?
20.	FILEO Jan 8 , 1936 Milliam Expension Registrar.	(Signad) (Addrass) garchersburg M.O.
	Acgorial.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I	===11	Example II	
The principal cause of dea of importance were as follow	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	FEB	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DURGAU V	July 5, 1927	Peritonitis	3 days ago
	the state of			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE PLAINLY,

1. PLACE OF DEATH	
County Mout Jomesy	Registration Dist. No. 2-13
Village or City Montabal	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
N.OD. DI A.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sellian Gulienslein	If U. S. Veteran, specify WAR
(a) Residence: No. Clifton Jense Wash. (Usual place of abode)	), CSt., Ward. Was line to O O
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Surgle	21. DATE OF DEATH    Journal   2   193 6
5a. If marriad, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) October 7th 1906	1 Host saw Le Office of ter death, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:30 Pcm.
29 30 yrs 3? 14? 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Clark SAWYER, BOOKKEEPER, etc.	Fractured & Rull 1-2-30
Andustry or business in which	Pasail. On the trans of Decision
work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	Tocher minus values
10. Date deceased lest worked at this occupation (month and 935 spant in this occupation)	mulliste Froetures
	Othar Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Paugh Rupoul (Stata or country)	
# 13. NAME Charles Rubenstelin	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Coules yetta meadow	23. If deeth was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Lucus Data of Injury 1 -21, 19.36
S (Stata or country)	Whare did Injury occur? Randolft Staling BroR. R.  (Specify city or town, county and State)
17. INFORMANT Brother Manistralundein	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREVIATION, OR REMOVAL	Mannar of injury
Place tracking ton & Co Date Jan. 23, 186	Neture of injury
Harris & D. Janes	24. Was disease or injury In any way related to occupation of decaasad?
19. UNOERTAKER (Addrass)	If so, spacify
20. FILEO / - 22, 1936 mis, W.J. Prest-	(Signed) W. S. Munghy. M. D.
Registrar.	(Address) Rochwille I hed.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation

LION

19. UNDERTAKER (Address)

(State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) IVI (State or country) 18. BURIAL, CREMATION, OR REMOVAL

Registrar.

If so, specify (Address)

24. Was diseasa or injury in any way related to occupation of deceased?

23. If death was due to external causes (VIOL ENCE) fill In also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

(Year)

Oate of enset

----- Was thera an au'opsy?

(Specify city or town, county and State)

What test confirmed diagnosis?

Accident, suicide, or homicide?\_\_\_

Where did injury occur?\_\_\_\_

Manner of injury \_

Nature of injury.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUGEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This woman has in afforment good lealth uf to the line of feel to the floor and died within a few moment

1. PLACE	OF DEAT	Н				(93-c.)		
County	mo	Mas	nery	· · · · · · · · · · · · · · · · · · ·	01011		ntion Dist. No. 2/	18
Village	or City Ze	alu 5	Tallhe	rologa	IN FILI		St	Ward
Longth of	residence in site	. au laum urbana	J				NAME instead of street and	d number)
		C Town where	death occurred	yrsmos	sgs. now long	in 0.5.11 of foreign birth	h?	mosds.
2. FULL	NAMEidence: No	Orym	20	10 7 11	7			
(a) nes	idence. No.	sour	(Usuai place	of abode)	St.,War		sident give city or town an	nd State
PERS	ONAL AND	STATIST	ICAL PARTI	CULARS	MED	ICAL CERTIFIC	ATE OF DEATH	
3. SEX	4. COLOR	OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF D	EATH au (Month)	20 (Day)	, 193 <b>6</b> (Year)
5a. If married, w					20 111	DEDY 6555		
(or) WIFE	of o	20 20	replie		22. Lan	7/1	1 FY. That I attended	
6. DATE OF BIR	TH (month, day,	and year)	249 19	1571	iles sawher a	alive on Lan		62; death is sald
7. AGE	Years	Months	Days	If LESS than	to have occurred on th	e date states above, at		
	64	5-	11	1 day,hrs.		SE OF DEATH and related		,
8. Trade, p	rofession, or par of work done, a YER, BOOKKEEP	s SPINNER.	creen	nh	Hypo	stoke Pon	eumoury	Data of onsat
9. Industry	or business in was done, as S!	which						
11113	ceased last work	ed at	spei	me (years) it in this				
12. BIRTHPLACE		ma	yland	<u>C</u> .	Other Contributory Car	nees of importance:	×	Dout !
(State or		- 0	)			Cordita	Chr	Dank
H 13. NAME	A	yhu -	Lichs					
1 -	ACE (city or tow	(n) . C		<b>/</b>	Name of operation		Dete of _	
(3(4)	e or country)	your	year	•	What test confirmed di	agnosis?	Was there an	autopsy?
15. MAIDEN	NAME /	north	a Tel	de	23. If death was due to	external causes (VIOLEN	CE) fill in also the following	ng:
5 16. BIRTHPL	ACE (city or tow e or country)	(n)	aylan	d.	Accident, suicide, or he Where did Injury occur		Date of injury	, 19
17. INFORMANT		arthe	laks	711		(Specify e	ity or town, county and Str in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CRE	11 - 14	6. 11 1	Date /	25, 1936	Manner of injury			
19. UNDERTAKEI (Address	1/1	en h	ungh	ity	24. Was disease or Inju	ry in any way related to o	occupation of deceased?	
20, FILED Ja	us 2/., 19	36 ah	erdal &	Souther Registrar.	(Signed)(Address)	y my	Lessher	4 45 D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by suget car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilantis 7	3 days ago
		17.50	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentertis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

00739

1. PLACE OF DEATH	
County Martgomery	Registration Dist. No. 273
Village or City Takoma Park	Now a Shinaton Sanitarium and the spital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)  os. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mys amy Walker	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Temale white widowed, or divorced	21. DATE OF DEATH  January 29 , 193 (a (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs  ormin.	22. I HEREBY CERTIFY. That I attended deceased from  1 ast saw h.e.y. alive on 27, 19.36; death is said to have occurred on the date stated abova, at 7.30 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  Industry or business in which work was done, as SILK MILLG. It's Boarding Selection  SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  Leenhoer, 1929  12. BIRTHPLACE (city or town)  Was Wick	Carcinoma of L. Breast. 1934  Secondary Curcuions of Vertiles Jun 193  Other Contributory Causes of Importance:
(State or country) Maryland.	
13. NAME JOHN M. FORD  14. BIRTHPLACE (city or town) - Cecilton (State or country) Marryland	Name of operation Rushical angles Data of Data of What test confirmed diagnosis? Yay Was there an autopsy? Ma
15. MAIDEN NAME Sally C. Hicks 16. BIRTHPLACE (city or town) De nton (State or country) Maryland 17. INFORMANT Washington Santarium Records (Address) Tabloma Park, Maryland	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicida, or homicida?
18. BURIAL, OREMATION, OR REMOVAL Place Company of Mode 1-29-, 1936	Manner of injury
19. UNDERTAKER 190 S. H. Hrigh 60 (Address) 290 - 14th 47h.	24. Was disaase or injury in any way related to occupation of deceased?

B.—WRITE

ż

mation should be carefully supplied.

TION is very important.

Atter - Roger If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage PEB V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state of inforof OCCUPA-1. PLACE OF DEATH pinous PHYSICIANS Length of residance In city or town where death occurred statement 2. FULL NAME TO (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the Mosd) PERMANENT BINDING classified. 5a. If married widowed, or diversed HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Years Days If LESS then Months FOR 1 dey,\_\_\_\_hrs. 0 IS or ..... min. 8. Trade, profassion, or particuler kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc.\_\_\_ THIS. OCCUPATION MARGIN RESERVED 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc..... may back pluods UNFADING INK-See instructions on 10 Date deceased lest worked at this occupation (month and 11. Total time (years) spent in this year) \_\_\_\_ terte-occupation ... 12. BIRTHPLACE (city or town) (State or country) CAUSE OF DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) mation should be carefully MOTHER TION is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT . C (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE 19. UNDERTAKER (Address) 14 UD - CM Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltingre, Requesting U. S. No. 1.

00740

Registration Dist. No. 2 2	to Ward
ath occurred in a hospital or institution, give its NAME instead of street and n. S. ds. How long in U.S. If of foreign birth?	umber)
If U. S. Veteran, specify WAR	
St., Ward.  If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
1. DATE OF DEATH	2/
(Month) (Day)	(Year)
1 HEREBY CERTIFY, That I attanded	daceased from
1/10 21	; daath is said
o hava occurred on the data stated abova, at 1	
The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
Labor Preumona	Jun 4- 3
The state of the s	7
Other Contributory Causes of importance:	9
Name of operation Data of	
What tast confirmed diagnosis? X - Vay Wes there an a	utopsy? 100.
3. If death was dua to external causes (VIOLENCE) fillin also the following	
Accident, sulcide, or homicide? Date of Injury	, 19
Where dld injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
Manner of injury	
Nature of injury	70 8
4. Was disease or piury in any way related to occupation of decaased?	10
(Signad)	Д. м. D.
warms & en a to I am & la he	2/

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Example IVED		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis FAB 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Cerebral hemograpage	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUKEAU	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			·

	ا دویا	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	state UPA.	1. PLACE OF DEATH	(2)
-	ould OCC	county Montgomery	Registration Dist. No. 414
(M	should of OCC	Village or City Silver Spring,	No. La 32 - And gie (www., Sill sho St Md 1 Ward death occurred in a hospital or insligation, give its NAME instead of greet and number)
		Length of residence in city or town where deeth occurredyrsOmos	5 ds. How long in U.S. it of foreign birth?
	Every CIANS ement	2. FULL NAME George Stoneman	Weber
	CORD. Every PHYSICIANS ict statement	(a) Residence: No. 504-E-St. M. W. (Usual place of abode)	Vagoshinyard. Ou , L. C. If nonresident give city or town and State
	RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4	E.X.	3. SEX Male 4. COLOR OR RAGE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  January  (Month)  (Day)  (Year)
Z	NEN C T I	5a. If marriad, widowed, or divorced HUSBANO of	
BINDI	A A SS	Annie Theresa We ber	22. I HEREBY CERTIFY. That I attended deceased from Apqust 26, 1935, to January 5, 1936
BIL		6. DATE OF BIRTH (month, day, and year) January 6, 1877	I last sew h. I. h. alive on January 5, 1936; deeth is sai
1	IS A PE stated E properly certificate.	7. AGE Years Months Day If LESS than tay, 4-hrs.	to have occurred on the date stated above, at
FOR	IS A F stated properl ertifica	50 11 20 Tormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1	be be lo of c	Trade, profession, or particular kind of work done, as SPINNER, Detective 59%.  SAWYER, BOOKKEEPER, etc.	Caraio-Vascular-Aenal Disease
SVE	VK—The should it may n back	kind of work done, as SPINNER, Defective 97.  SAWYER, BOOKKEEPER, etc.  Sindustry or businass in which work was done, as SILK MILL. Met. Police's D. C.  10. Oate deceesed last worked at this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation).	Chronic Mephritis
RESERVED	N sh	10. Oate decesed last worked at this occupation (month and this occupation (month and spant in this	
RE		year) occupation occupation	Other Contributory Causes of Importance:
	NFADING oplied. AGE erms, so tha instructions	12. BIRTHPLACE (city or town) Washing ton, D.C.	Probable anomalous (mirror-
MARGIN	FAI ied. ns, stru	(State or country)	vision inversion of heart
AR	UNF suppli n term ee inst	14. BIRTHPLACE (city or town) Germany	and liver) conditions
M	70	14. BIRTHPLACE (city or town) TENMAN	Name of operation Data of Data of
	WITH efully in pla ant.		Whet test confirmed diagnosis ( ) in Col. Tin (in 5 Was there an autopsy?
7		I I	23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accident, suicide or homicide?
	Ca T'H port	16. BIRTHPLACE (city or town) Lreland (State or country)	Whare did injury occur?
	PLAINLY, hould be can OF DEATH very import	17. INFORMANT Arthur Lawrence Weber (Address) 632 Klage Ave. S. So. Md	(Specify of town, county and State) Specify whether injury occurred in INDESTRY, in HOME, or in PUBLIC PLACE.
		18 BURIAL, CREMATION, OR REMOVAL	Menner of injury
		Place Cedar Hill, Md. Oete 1-9 1906	Nature of injury
1	-WRITE mation s CAUSE TION is	19. UNDERTAKE Thomas F. Munay Lon	24. Was disease or injury in any way related to occupation of deceased?
No.	B	(Addrass) Washington, De	If so, specify Assurable Abania has Mas
»	z (T)	20. FILED LOW 6, 19 3 8 J-6 Washer	(Signad) / Coman Son Shalliable Mya
		If more blanks are needed, Address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of infortance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Shep 3628-7"

Date of onset / 10/15/35

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1 6	1. PLACE OF DEATH	(82-a)
200	County Many ongey	Registration Dist. No. 214
Jo I	Village or City Sullary Spring	ND. Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
nt		sds. How long in U.S. if of foreign birth?yrsmos,ds.
eme	2. FULL NAME Mary I Willey	If U. S. Veteran, specify WAR
stat	(a) Residence: No. 7/7 Rechnical dus	St., Ward.  If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January 9 193 6
-	5e. If married, widowed, or awares	(Month) (Day) (Yeer)
	(or) WIFE of U. Tranklin Wiley.	22. HEREBY CERTIFY, That I attended deceased from October 10 1935 to Jan. 9 1936
	6. DATE OF BIRTH (month, day, end yeer) May, 29-1891	I last saw h Alla alive on Jane 1936; death is seid
	7. AGE Years Months Deys If LESS then	to heve occurred on the dete stated above, et
	64 7 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, es SPINNER, Journal SAWYER, BDDKKEEPER, etc	Cerebral apoplepy 10/15/3
	9. Industry or business in which work wes done, es SILK MILL,	
	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
ľ	this occupation (month and spent in this occupation — occ	
	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
-	(State or country) Vernest	Brancho-pnoumonia, Cut R
	13. NAME Joseph Shepard.	
	14. BIRTHPLACE (city or town)	Name of operation
1	C State of Country)	Whet test confirmed diagnosis? Wes there an eutopsy? Wes there an eutopsy?
113		23. If deeth was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
	16. BIRTHPLACE (efty or town) Mass	Where did Injury occur?
	17. INFORMANT May read Wiley (Address) 2/7 Richard and Shafarine	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place tinchender Man Date Jar . 1/3., 1936	Nature of injury
	19. UNDERTAKER Paragraphicy	24. Wes disease or injury in eny way releted to occupation of deceased? No
-	(Address) delice spring	If so, specify Haberly
1	20. FILED Jan 10, 1936 - J-E Wendley 00	(Signed) M. D.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ENVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FAB 7 188	July 5, 1927	Peritonitis	3 days ago
	MUREAU V. S.			
Other contributory	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Exact statement of OCCUPA.

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00743
1. PLACE OF DEATH	(87)
County mont gomery	Registration Dist. No. 2/7
Village or City m Laytousville	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME David & Welson	If U. S. Veteran, specify WAR
(a) Residence: No. m Sautousvelle In	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DEPORCED (write the word)	21. DATE OF DEATH  Jan 12 1936  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(at) WITH a Dalle Welson	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aus 5- 1849	Nast saw h M. elive on Jan 10 - 19.3 & death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5-4-70m.
85- 1 7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
9 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. returned former	Sence Jacquent
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time.  11. Total time.  12. Samme in which wis companies of month and	Rt lef Jan 34
Date deceased last worked at this occupation (month end 930   11. Total time (years) spent in this occupation 65	
12. BIRTHPLACE (city or town) M Narpero Ferry	Other Contributory Causes of importence:
(State or country)	arter a schroses out
W 13. NAME Pavil Tockson	
13. NAME Pared Torlson  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? of summation was there an autopsy? 210
15. MAIDEN NAME Vannah Tockson.	23, If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Vannah Tockson  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT alle Toilson (Address) Degues 18 75	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Danstown md Date Jan 12, 1936	Nature of injury
19. UNDERTAKER Roy Barker	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Lagtonsville mid	If so, specify
12 12 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Conasto Smilleson M.D.

egistrar.

If more blanks are needed, address date Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
FEB			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED may MARGIN in

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back

instructions

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very important.

DEATH be OF AUSE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. 2-16 Village or City prital or institution, give its NAME instead of street and number) (If death occurred How long in U.S. if of foreign birth? 2.2 vrs. Length of residence in city or town where death occurred \_\_\_\_ 2. FULL NAME If U.S. Veteran specify WAR ... If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) wy (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY Ihat I attended deteesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h\_\_ 7. AGE Years If LESS than to have occurred on the date stated above, at\_\_\_\_\_m. Months Days 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 60 or .... min. Date of quest 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation \_\_\_\_\_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) \_\_\_ (State or country) FATHER 13. NAME None 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_ [ Was there an autopsy?\_\_A MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?... 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? ..... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 72 01 W 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury\_ 24. Was disease or injury in any way related to occupation of deceased?\_\_\_ 19. UNDERTAKER If so, specify Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- CA	1
Other contributory causes of importance:		Other contributory causes of importance	7
Gallstones	May 1,1923		1 Dear
			. 0
			100
	1~	4 - 35	1
ADDITIONAL SPACE FO	OR FURTH	ER STATEMENTS, BY PHYSICIAN	1
Paleur complained	Jan	- 2 nd of headaly, on	L 31d
Headache & disgine	so i	vas puseul-, also news	ting-
ling in head	veters	a at 10,30 after taking	ce of
small dose of	Jena	eletin - Journed drad de	1-18
am today & wild	unces	- of paralines to	16 Sd.
J .			1